MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05217

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) Q. (Last) DYER

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Nov. 1, 1871

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Austin Miles Dyer

14. MOTHER'S MAIDEN NAME: Mary Cecelia Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Eugene Lloyd, Rock Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	4-28-52
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c) Gen. Art Sclerosis	1940

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 9 39, to 5-1, 1952, that I last saw the deceased alive on 5-1, 1952 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE E. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata DATE SIGNED 5-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/3/52

NAME OF CEMETERY OR CREMATORY Holy Ghost

LOCATION (City, town, or county) (State) Issue, Md

DATE REC'D BY LOCAL REG. 5/3/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
MAY 12 1952
BUREAU V. S.

Item 14: Film G-51 2/19/52

MARYLAND STATE DEPARTMENT OF HEALTH

05216

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wilson N.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	EDWARD	FISHER	5	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	(Divorced)	6-8-14	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Handled tobacco in auction warehouse	A Broker	N.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Issiah Fisher	Annie (Nancy) Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Addie Morgan (Sister)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Fracture Skull	5-10-52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hit By Auto	5-10-52
812.4	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway 301	Faulkner	Chas	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	10	52	1 Am.			Pedestrian hit by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Medelen	M.D.	LaPlata Md	5-10-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-13-52	Rest Haven	Wilson N.C.	Wilson N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/12/52	Julia H. Carey	Hunter & Ryon	Wilson N.C.

VS. A15A

RECEIVED
MAY 14 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

05218

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles.
City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Charlotte Cornelia Franklin

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: John A. Franklin
6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 3 1867

8. AGE: Years 85 | Months 2 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace: Lancaster, Charles Co. Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Samuel Welch
13. Birthplace: Charles Co. Md
MOTHER
14. Maiden name: Eliza Skinner.
15. Birthplace: Charles Co. Md.
16. Informant: Mary F. Posey
Address: Grayton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1952 (month) (day) (year)
Cemetery or crematory: Baptist
Location: Nanjemoy Md.
18. Funeral director: Hunt & Ryon.
Address: Waldorf, Md.
19. 5/22 1952 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1952 at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1952 to May 22 1952
and that I last saw her alive on May 21 1952
Immediate cause of death: Infirmities of age.
Due to: Cardiac Failure. Asthma.
Due to:
Other conditions: 2411
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell M.D. M. D. or other
Address: Marbury Md Date signed: May 22 52

VS A15 45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05219

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH COUNTY: Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Indian Head) LENGTH OF STAY (in this place): 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Indian Head
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Levia (Last) Gwynn
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1866
9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Pomfret, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Chase
14. MOTHER'S MAIDEN NAME: Day
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Sidney Gwynn, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 1 year

4222 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. La Grippe — 1 wk.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1952, to May 18, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Franklin Susan M.D. ADDRESS: Indian Head, Md DATE SIGNED: 5-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: May 20, 1952
NAME OF CEMETERY OR CREMATORY: Metropolitan M.E. Church
LOCATION (City, town, or county) (State): Pomonkey Md

DATE REC'D BY LOCAL REG.: 5/19/52
REGISTRAR'S SIGNATURE: Odey Price
24. FUNERAL DIRECTOR: Penny & Cofer ADDRESS: Mason Springs, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1952
BUREAU V. S.

M

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05220

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Marbury (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Marbury (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Catherine Amanda Hanna

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Thomas Arthur Hanna

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): January 18, 1861

8. AGE: Years 91 Months 4 Days 11 If less than one day ... hrs. ... min.

9. Birthplace: Magnolia - Harford Co, Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Noah S. Stinchcomb

13. Birthplace: Harford Co. Md.

MOTHER

14. Maiden name: Mary Elizabeth Unger

15. Birthplace: District of Columbia

16. Informant: Esther Hanna Bailey

Address: Marbury Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: May 31 1952 (month) (day) (year)

Cemetery or crematory: Cokesbury

Location: Abdingdon, Md

18. Funeral director: Hunt & Ryon

Address: Waldorf Md

19. 5/29 1952 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 1952 at 12 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 30 1930 to May 29 1952 and that I last saw her alive on May 27 1952

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other conditions: 331X (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George C. Bicknell, Mtr. M. D. or other

Address: Marbury Md Date signed May 29, 52

RECEIVED
JUN 4 1952
BUREAU V. S.

Item 21 Film G143 6-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) HUNT Sr
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 6-19-06
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Whiskey
11. BIRTHPLACE (State or foreign country) A. A. Co
12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME Robert M. Hunt Sr
14. MOTHER'S MAIDEN NAME Caroline D Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 214-05-1391
17. INFORMANT AND ADDRESS Robert M Hunt Jr Boothe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Compound fracture skull	5-8-52
816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) auto accident	5-8-52

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 5 (Day) 8 (Year) 52 (Hour) 2 45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision between two autos. auto accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☒, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 5-8-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5-10-52 NAME OF CEMETERY OR CREMATORY St Peters LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 5-8-52 REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Lyon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 12 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Indian Head
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Person
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roxboro
STREET ADDRESS (If rural, give location) Academy Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Lee (Last) Jackson

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6 June 1894

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Heywood Foushee

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 245-10-2257

17. INFORMANT & ADDRESS: William H. Jackson, Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	14 days
1711 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Carcinoma of the Cervix	4 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Nov 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Cervix with multiple metastases

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to May, 1952, that I last saw the deceased alive on 7 May, 1952, and that death occurred at 3:05 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William A Harris, M.D. — ADDRESS La Plata Md — DATE SIGNED 7 May 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE THEREOF 5/10/52 — NAME OF CEMETERY OR CREMATORY Person County — LOCATION (City, town, or county) (State) Person Co, N.C.

DATE REC'D BY LOCAL REG. 5/7/52 — REGISTRAR'S SIGNATURE Odey Price

24. FUNERAL DIRECTOR Hewitt & Ryon — ADDRESS Waldorf, Md

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100 ~~105~~

23

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) ann (Last) Jones
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1952
5. SEX F
6. COLOR OR RACE C
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 5-9-1899
9. AGE last birthday 5 - 2 yrs. If under 1 year Months 11 Days 30 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Charles Co
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Walbert Sollars
14. MOTHER'S MAIDEN NAME Anna Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. M
17. INFORMANT AND ADDRESS Garfield Jones Cousin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 3, 1951, to 8th, 1952, that I last saw the deceased alive on ON MAY, 1952, and that death occurred at 1 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest Spencer J. MD ADDRESS Bel Alton Md. DATE SIGNED May 8, 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 5-10-52 NAME OF CEMETERY OR CREMATORY Shiloh M E LOCATION (City, town, or county) Wayside (State) Md

DATE REC'D BY LOCAL REG. 5-8-52 REGISTRAR'S SIGNATURE M R Monroe
24. FUNERAL DIRECTOR Hewitt & Tyson ADDRESS Waldorf Md
5/10/52 Julia H. Pasey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 19[illegible]
BUREAU V. S.

24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Rison (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Birdie Lee

3.(b) Social Security Number

4. Sex: Female

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Frederick Lee

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): January 2, 1892

8. AGE: Years: 60 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Rison, Charles Co. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: James Linkins

13. Birthplace: Charles Co. Md

14. Maiden name: Nora Simmons

15. Birthplace: Charles Co. Md

16. Informant: Dave Linkins

Address: Rison, Md

17. Burial: (Burial, cremation, or removal Which?) Date thereof: May 24 1952 (month) (day) (year)

Cemetery or crematory: [illegible]

Location: Chicamuxen, Md

18. Funeral director: Matthews & Bates

Address: Washington, D.C.

19. May 20 1952 (Date rec'd by registrar) Mary Southerland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1952 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 18 1952, to 19

and that I last saw her alive on May 18 1952

Immediate cause of death: Heart Failure

Due to

Due to

Other conditions: 260X (include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

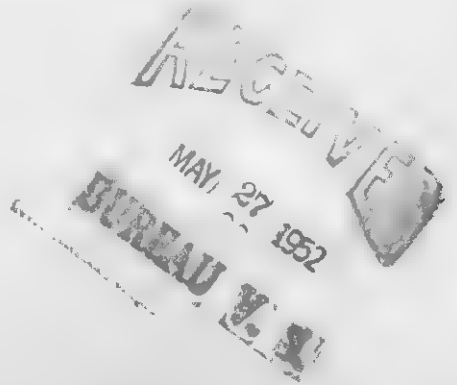
23. SIGNATURE: [illegible] M. D. or other

Address: [illegible] Md Date signed: May 23 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M


MAY 27 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2700

25

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) 30 Strauss

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Joseph (Last) McGuigan
4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 22, 1952
9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): La Plata Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Chester McGuigan
14. MOTHER'S MAIDEN NAME: Louise Elizabeth Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mr. Geo. C. McGuigan, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Atelectasis	12 hrs
762.5	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Tender development	
	DUE TO		
	(c)	Prematurity	12 hrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22, 1952, to 5-22, 1952 that I last saw the deceased alive on 5-22, 1952 and that death occurred at 4P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] Indian Head Md 5-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/23/52
NAME OF CEMETERY OR CREMATORY St. Charles
LOCATION (City, town, or county) (State) Indian Head, Md.
DATE REC'D BY LOCAL REG. 5/23/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Geo C. McGuigan, Indian Head Md ADDRESS

2052374240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 26

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF (RURAL)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) R. (Last) NUTWELL

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 17, 1871

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph R. Waters

14. MOTHER'S MAIDEN NAME: Ellen A. Doria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Leo Montgomery, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HYPERTENSIVE CARDIO-VASCULAR DISEASE	5 YEARS.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (CARDIAC FAILURE)	
	(b) HYPERTENSION, MALIGNANT	10 YEARS
	DUE TO	
	(c) GENERALIZED ARTERIO-SCLEROSIS	15 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 47, to MAY 19, 19 52, that I last saw the deceased alive on May 19, 19 52, and that death occurred at 4 30 p.m. EST, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John N. Griffin M.D. Hughesville 5/20/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/25/52

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) (State) Bryantown, Md

DATE REC'D BY LOCAL REG. 5/21/52

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md

ADDRESS

RECEIVED
MAY 26 1952
BUREAU V. S.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Arbria Darlene Smith (Twin)

3.(b) Social Security Number

4. Sex: F

5. Color or race: Col. S

6.(a) Single, married, widowed, or divorced: S

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 2 1951 10 am

8. AGE: Years: 1 Months: 1 Days: 8 If less than one day ... hrs. ... min.

9. Birthplace: Port Tobacco Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Wilbert Smith
13. Birthplace: Charles Co. Md

MOTHER
14. Maiden name: Maseli Willis
15. Birthplace: Springfield Tenn

16. Informant: Wilbert Smith
Address: Port Tobacco, Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Smith, Charles

Location: Pisgah Md

18. Funeral director: Stemley, Fern

Address: Mason Springs Md.

19. May 12 1952
(Date recd by registrar) Mary Smithland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1952 at 9 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death — DURATION

Due to: Broncho-Pneumonia

Due to: Measles

Other conditions: 0x5.1
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: George E. Bichell M.D.
M. D. or other

Address: Mossing Md. Date signed: May 1952

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28

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County Charles
City or town Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Port Tobacco
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Barbara Jean Smith (Twin)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife
6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.) May 2 1951 - 10:20 AM

8. AGE: Years 1 | Months | Days 8 | If less than one day ... hrs. ... min.

9. Birthplace Port Tobacco Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Wilbert Smith
13. Birthplace Charles Co. Md
14. Maiden name Maggie Wells
15. Birthplace Springfield Penn
16. Informant Wilbert Smith
Address Port Tobacco Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12 1952 (month) (day) (year)
Cemetery or crematory Smith Chapel
Location Pisgah Md.

18. Funeral director Stanley Penn
Address Waldorf Springs Md.

19. May 12 1952 (Date rec'd by registrar) Mary Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1952 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 10 1952 to ... 19 ... and that I last saw h... alive on ... 19 ...

DURATION

Immediate cause of death
Due to Bronchial Pneumonia
Due to Pneumonia
Other conditions
0 x 5 - 1
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. E. Pickrell M.D.
M. D. or other
Address Waldorf Md. Date signed May 12 52

16 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05229

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: COUNTY Chales MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Welcome Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital La Plata. Md	STREET ADDRESS (If rural, give location) Roy Reed's Farm

3. NAME OF DECEASED: (Type or Print)	(First) ETTA	(Middle)	(Last) STAMP	4. DATE OF DEATH:	(Month) May (Day) 26 (Year) 1952
5. SEX: F	6. COLOR OR RACE: US-W	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):	8. DATE OF BIRTH: Jan 19	9. AGE last birthday: 56 yrs.	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (State or foreign country): Charles Co MD	12. CITIZEN OF WHAT COUNTRY? NS		
13. FATHER'S NAME: Charles B. Farrar	14. MOTHER'S MAIDEN NAME: Sarah Robertson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.: NO	17. INFORMANT & ADDRESS: Charles Stang Son			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.0	(a) Congestive heart failure.	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic disease of heart.	10 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to May 26, 1952, that I last saw the deceased alive on 26 May, 1952, and that death occurred at 12 05 am., from the causes and on the date stated above.

SIGNATURE A. Woodley (DEGREE OR TITLE) M.D. ADDRESS La Plata. DATE SIGNED 26 May 52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF May 31/52	NAME OF CEMETERY OR CREMATORY St Joseph	LOCATION (City, town, or county) Bryant Md (State)
DATE REC'D BY LOCAL REG. 5-29-52	REGISTRAR'S SIGNATURE Mr L. Monroe	24. FUNERAL DIRECTOR Hunt & Ryan	ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

COPY SENT TO LOCAL REGISTRAR No. CHo DATE 6-2-52

MARYLAND STATE DEPARTMENT OF HEALTH

05230

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marshalls Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) TAYLOR (Middle) William H. (Last)

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 19 52

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M | 8. DATE OF BIRTH 12-17-04 | 9. AGE last birthday 45 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME James Wade Taylor | 14. MOTHER'S MAIDEN NAME Florence Brown Bradshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs Dyer (sister) La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage, fractured

812.4 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull, compound comminuted — 5-5-52

(c) fracture both legs tibia + fibula

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Marshall Corner | (COUNTY) Charles | (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 5 (Year) 52 (Hour) 9½ a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Hit by auto while walking

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. Rodeler M.D. (Degree or title) | ADDRESS La Plata Md | DATE SIGNED 5-6-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/10/52 | NAME OF CEMETERY OR CREMATORY St. Joseph | LOCATION (City, town, or county) Pomfret, Charles, Md. (State)

DATE REC'D BY LOCAL REG. 5/8/52 | REGISTRAR'S SIGNATURE Julia H Posey | 24. FUNERAL DIRECTOR Johnson & Jenkins | ADDRESS 2053 Georgia Ave. N.W. Washington, D.C.

VS. A15A

RECEIVED
MAY 12 1952
BUREAU V. S.